

July 8, 2003

Medical Dispute Resolution

MDR #: M2-03-1325-01-SS

IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic and Spine Surgery.

Brief Clinical History:

This 51-year-old female claimant injured her back on ____ in a work-related accident. Since that time, she has reported significant back pain ranging at various visits from 7 out of 10, to 10 out of 10. She also experiences bilateral leg pains shooting to her feet. Examination revealed straight-leg raises positive at 80 degrees, and a left S-1 sensory dermatomal loss.

The MRI scan on 01/29/03 revealed a good T-2 signal in the lumbar discs, with L1-2 and L2-3 levels reported unremarkable. L3-4 has a 1-2 mm posterior bulge. L4-5 has a 3mm posterior bulge, and L5-S1 has a 5mm posterior disc herniation. EMG in February 2003 revealed no definite nerve root compression with a possible left S-1 nerve root compression.

Disputed Services:

Discectomy, two-level lumbar decompression, fusion and instrumentation.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that discectomy is medically necessary. Two-level lumbar decompression, fusion and instrumentation is not medically necessary in this case.

Rationale:

The patient's report of significant back pain, and less significant bilateral leg pain, and with the EMG reporting no definite nerve root compression indicates incomplete

information to determine if the patient is a fusion candidate. Lumbar discography at the uppermost norm level, L2-3, to serve as a control, plus discography at the uppermost levels, namely L3-4, L4-5, and L5-S1, is necessary to determine if those discs are the pain generators in this patient, and if this patient is a surgical candidate.

Two-level lumbar decompression, fusion and instrumentation are not medically necessary at this time, pending the results of the discectomy.

I am Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on July 8, 2003.

Sincerely,